Draft: Wyoming Substance Standards: January 9, 2009:

Chapter 1. Introduction.

Section 1. Authority.
These rules are promulgated by the Wyoming Department of Health pursuant to W.S. § 9-2-2701 and the Wyoming Administrative Procedures Act at W.S. § 16-3-101, *et seq.*, to establish standards for community substance abuse prevention, early intervention, recovery support services and treatment services and provide that a full continuum of quality, research-based, best practice substance abuse services be made available to Wyoming citizens.

Section 2. Purpose.
These standards/rules are intended to supersede *Rules and Regulations of the Division of Behavioral Health,* dated February 1984, and amended October 1984, February 1992 and Substance Abuse Standards, November 2002, only to the extent those rules may be construed to apply to the delivery of substance abuse prevention, recovery support services, early intervention, and/or treatment services. Furthermore, pursuant to W.S. § 9-2-2701 (b), these rules do apply to the Wyoming Girls' School, the Wyoming Boys' School, or other adolescent residential facilities to which the State of Wyoming refers adolescents.

Section 3. Applicability.
The incorporation by reference of any external standard is intended to be the incorporation of that standard as it is in effect on the effective date of this Chapter. The Mental Health and Substance Abuse Services Division (MHSASD) may issue manuals, bulletins, or both, to interpret the provisions of this Chapter. Such manuals and bulletins shall be consistent with and reflect the policies contained in this chapter. The provisions contained in manuals or bulletins shall be subordinate to the provisions of this Chapter.

Section 4. Definitions.
The following definitions shall apply in the interpretation and enforcement of these rules. Where the context in which words are used in these rules indicates that such is the intent, words in the singular number shall include the plural and vice versa. Throughout these rules, gender pronouns are used interchangeably, except where the context dictates otherwise. The drafters have attempted to utilize each gender pronoun in equal numbers, in random distribution. Words in each gender shall include individuals of the other gender.

(a) *"Administrator"* means the administrator of the division, the administrator's agent, designee or successor.
(b) *"Admission"* means the specific tasks necessary to admit a person to a substance abuse treatment service, such as completion of admission forms, notification of client rights and confidentiality regulations, explanation of the general nature and goals of the service, review of the intake policies and procedures of the service program followed by a formal orientation to the service structure.
(c) *"American Society of Addiction Medicine (ASAM)"* means the current addition/set of placement criteria for substance abuse client published by the American Society of Addiction Medicine.

(d) *"Applicant"* means a person, agency, or organization who has filed an application to become an approved alcohol/drug treatment program under these rules.
(e) *"Appropriate placement"* the placement of an individual in a treatment setting when the individual's needs meet the minimum standards for admission to that treatment setting and the individual's needs for treatment do not exceed the level of services which the treatment setting is capable of providing.
(f) *"Assessment"* means the process and procedures approved by the Division by which a service program identifies and evaluates an individual's strengths, weaknesses, problems, and needs in order to determine the need for primary treatment services that leads to an individualized treatment plan.
(g) *"Bio-psychosocialspiritual"* means a comprehensive assessment which includes a history of physical, emotional, social, spiritual needs, and a comprehensive alcohol and drug use history.
(h) *"Case management"* means the activities guided by a client's treatment plan which bring services, agencies, resources, and people together within a planned framework of action toward the achievement of established treatment goals.
(i) *"Certification"* shall mean the Division formally recognizes the program, provider, as having met all of the requirements of these rules that pertain to specific substance abuse treatment services provided.
(j) *"Client"* means a person being treated for a substance use related disorder who is formally admitted to the service within the admission criteria set by the chemical dependency rules.
(k) *"Clinical supervision"* means intermittent face-to-face contact, provided on or off the site of a service, between a clinical supervisor and treatment staff to ensure that each client has an individualized treatment plan and is receiving quality care.
(l) *"Clinical supervisor"* means a Wyoming Mental Health Professions Licensing Board qualified clinical supervisor as defined in W.S. § 33-38-102 (a)(xiii) or psychologist or physician when practicing within the scope of his or her license and competency.
(m) *"Coalition"* means an organization that is operated by a nonprofit organization consisting of individuals, organizations, and agencies to develop strategies and identify activities and services which address the needs of a community or of a racial, ethnic, religious, or social group regarding the use of, misuse of, and dependence on alcohol and other drugs in that community or group.
(n) *"Community program"* means a community-based or community-oriented facility or program which is operated either by a unit of local government or by a nongovernmental agency which provides substance abuse treatment and other necessary programs, services, and monitoring to aid offenders in obtaining and holding regular employment, in enrolling in and maintaining academic courses or participating in vocational training programs, in utilizing the resources of the community in meeting their personal and family needs, and in participating in other specialized treatment programs existing within the state. These services may be provided directly or through referrals to other programs.
(o) *"Competencies" means* the knowledge, skills, and attitudes required for the members of the substance abuse clinical staff as a prerequisite to proficiency in the professional treatment of substance abuse. The model of competencies is determined by the Department.
(p) *"Continuing care"* means a course of treatment identified in a treatment plan designed to support the process of recovery and provided at a frequency sufficient to maintain recovery.

(q) *"Continuum of care"* means an integrated network of treatment services and modalities, designed so that an individual's changing needs will be met as that individual move through the treatment and recovery process.
(r) *"Contract"* A formal agreement with any organization, agency, or individual specifying the services, personnel, products, or space to be provided by, to, or on behalf of the program and the consideration to be expended in exchange.
(s) *"Co-occurring disorder(s)"* means concurrent substance-related and mental disorders per DSM criteria.
(t) *"Coordination of care"* means the exchange of information between two or more parties providing a necessary service to a client to ensure that: (a) The client receives such service; and (u) The efforts of the parties are coordinated with one another in providing service to the client.
(v) *"Counseling"* means as defined by the "Wyoming Mental Health Professions Licensing Board" established under the provisions of W.S. § 33-38-101, *et seq*. and the Wyoming Board of Psychology as defined pursuant to W.S. § 33-27-113 (a) (v).
(w) *"Counselor"* means a person who is credentialed through the "Wyoming Mental Health Professions Licensing Board" established under the provisions of W.S. § 33-38-101, *et seq*. and psychologist who is licensed to practice psychology pursuant to W.S. § 33-27-113 (a) (v).
(x) *"Crisis intervention"* means services that respond to a client's needs during acute episodes that may involve emotional, psychological, physical distress, imminent relapse, and/or danger to self or others.
(y) *"Cultural competency"* means a organization's ability to recognize, respect, and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual's racial, ethnic, religious, social groups and sexual orientation.
(z) *"Department"* unless otherwise made clear in the context of its usage, means the Wyoming Department of Health, Mental Health Substance Abuse Services Division.
(aa) *"Detoxification plan"* means a planned procedure based on clinical/medical findings for managing or monitoring withdrawal from alcohol or other drugs.
(bb) *"Detoxification service"* means a process of withdrawing a person from a specific psychoactive substance in a safe and effective manner.
(cc) "*Diagnostic and Statistical Manual of Mental Disorders (DSM*)" means the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association which is incorporated by this reference.
(dd) *"Discharge/Transfer Criteria"* means in the process of client assessment, certain problems and priorities are identified as justifying treatment in a particular level of care.
Discharge/Transfer Criteria describe the degree of resolution of those problems and priorities and thus are use to determine when a patient can be treated at a different level of care or discharged from treatment.
(ee) *"Division"* shall mean the Mental Health and Substance Abuse Services Division of the Department of Health.
(ff) *"DSM"* means Diagnostic and Statistical Manual of Mental Disorders.
(gg) *"Early intervention"* means activities that take place with high-risk individuals, families, or populations with the goal of averting or interrupting the progression of problems associated with substance use.
(hh) *"Education"* means strategies that teach people critical information about alcohol and other drugs and the physical, emotional, and social consequences of their use.
(ii) *"Education Services"* means in compliance with the Wyoming Board of Education".

(jj) *"Executive Director"* means the individual appointed by the governing body to act on its behalf in the overall management of the program. Other job titles may include director, superintendent, program administrator, president, vice-president, and executive vice-president.
(kk) *"Facility"* means the building(s), including furnishings and fixtures, where persons with alcohol or drug problems receive services. This is synonymous with offices, clinic, or physical plant.
(ll) "*Family Therapy"* means the rendering of professional marital and family therapy services and treatment to individuals, family groups and marital pairs, singly or in groups to assist the client(s) in achieving the goals of their treatment plan.
(mm) *"Felony"* means a criminal offense for which the penalty authorized by law includes imprisonment in a state penal institution for more than one (1) year.
(nn) *"Field"* means all persons currently employed in a state-approved service, serving as a board member of such a provider, serving on any state level advisory board for the department, or employed directly or on contract by the department.
(oo) *"Governing Body"* means the individual(s), board of directors, group, or agency that has ultimate authority and responsibility for the overall operation of an alcohol/drug abuse treatment program.
(pp) *"Guardian(s)"* means a parent, trustee, conservator, committee, or other individual or agency empowered by law to act on behalf of, or have responsibility for, a client or applicant for treatment services.
(qq) *"HIPAA"* means the Health Insurance Portability and Accountability Act.
(rr) *"Individualized Treatment plan"* means a written action plan based on assessment information that identifies the client's clinical needs, the strategy for providing services to meet those needs, treatment goals and objectives and criteria for discharge.
(ss) *"Intoxicated Person"* means a person whose mental or physical functioning is impaired as a result of alcohol or drug use, including the inappropriate use of prescription drugs
(tt) *"Level of care"* means a certified setting, intensity, and frequency of services provided by a service program and determined through the use of scientifically validated assessment tools.
(uu) *"Licensed practical nurse"* means a person who is licensed as a licensed practical nurse under W.S. § 33-21-119, *et seq*.
(vv) *"Logic model"* shall mean the use of an intentional, written process setting forth a chain of events in logical sequence that, if followed, will likely produce the desired result. A logic model identifies goals, objectives, outcomes, timelines, priorities, responsibilities, and resources necessary to succeed.
(ww) *"Medical Screening"* means an examination done by a registered nurse, nurse practitioner, physician's assistant, or a licensed physician.
(xx) "*Medically managed services"* means services provided or directly managed by a physician.
(yy) *"Mental disorder"* means a condition listed in current APA Diagnostic Statistical Manual (DSM) or ICD-9.
(zz) *"Mental health professional"* means persons qualified by training or cross-training to diagnose mental disorders, including individuals licensed to practice under W.S. § 33-21-101, *et* 16 – 5 *seq, 33-26-101 et seq,* 33-27-*101 et seq, and 33*-38-101, *et seq.*, when practicing within the scope of their competency and license.
(aaa) *"Nurse"* means a registered nurse (R.N.), licensed practical nurse (L.P.N.) or nurse practitioner and who, for the purposes of these rules and minimum standards, also shall have

specialized training, education, and experience treating persons with problems related to alcohol/drug use.
(bbb) *"Nurse practitioner"* means a person licensed to practice under W.S. § 33-21-119, *et seq*.
(ccc) *"Participant"* means a person who receives or participates in a service provided by a prevention program.
(ddd) *"Physician"* means a person who is licensed by the Wyoming Board of Health.
(eee) *"Policies"* means the rules adopted by the alcohol/drug abuse treatment program for the regulation of its internal affairs and its dealings with others.
(eee) *"Prevention program"* means a program that provides services, strategies, and activities to the general public and to persons who are at a high risk of having a substance-related disorder which: (a) Are comprehensively structured to reduce individual or environmental risk factors for substance-related disorders; (b) Increase resiliency to substance-related disorders; and (c) Establish protections against substance-related disorders.
(fff) *"Prevention Services"* means activities to inform, educate, impart skills, and provide appropriate referrals. The prevention strategies used include information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental.
(ggg) *"Program"* means any service certified by the Division to address substance-related disorders, including, without limitation: (a) An administrative program; (b) A coalition program; (c) a drug court program; (d) An evaluation center program; (e) a prevention program; and (f) a treatment program and (f) and a recovery support service.
(iii) *"Program Evaluation"* means processes primarily used by the program's administration to assess and monitor, on a regular or continuous basis, program operation, service delivery, quality assurance, and client outcome.
(jjj) *"Provider"* means any service certified by the Division to address substance-related disorders, including, without limitation: (a) An administrative program; (b) A coalition program; (c) a drug court program; (d) An evaluation center program; (e) a prevention program; and (f) a treatment program and (f) and a recovery support service.
(kkk) *"Psychologist"* means a person who is licensed to practice psychology pursuant to W.S. § 33-27-113
(lll) *"Qualified Clinical Staff"* means a person who is credentialed through the "Wyoming Mental Health Professions Licensing Board" established under the provisions of W.S. § 33-38-101, *et seq*., psychologist who is licensed to practice psychology pursuant to W.S. § 33-27-113 (a) (v) and a Licensed Physician by the Wyoming State Board of Health.
(mmm) *"Referral"* means the establishment of a link between a client and a service provider including providing client authorized documentation to the receiving program.
(nnn) *"Registered nurse"* means a person who is licensed as a registered nurse under W.S.§ 33-21-119, *et. seq*.16 - 6
() *"Relapse prevention"* means services designed to support the recovery of the individual in order to reduce and prevent recurrence of alcohol or other drug use.
(ooo) *"Revoke"* means invalidation of state approval of a chemical dependency provider.
(ppp) *"Screening"* means a brief process conducted prior to admission to the drug/alcohol treatment program to determine if the individual meets the program's admission criteria.
(qqq) *"Service"* means an activity that is: (a) Directed toward the prevention, intervention or treatment of a substance-related disorder and Recovery support services and (b) and certified by the Division when applicable.

(rrr) *"Staff"* means the: (a) Paid employees, including, without limitation, paid employees hired on a temporary basis; (b) Volunteers; (c) Independent contractors; and (d) Consultants of a program.
(sss) *"Staff development"* means activities designed to improve staff competency and job performance, which includes continued or cross-training that employs learning activities to develop, promote, and evolve research-based practices in the areas of knowledge, skills, and attitudes aimed at changing behaviors to enhance or improve job performance.
(ttt) *"Staffing"* means a regularly scheduled review of a client's treatment goals which involve the client's assigned primary clinical staff person and other persons involved in the implementation of the treatment plan.
(uuu) *"Substance abuse disorder"* means the existence of a diagnosis of "substance abuse," "substance dependence," or a not otherwise specified substance abuse related disorder listed in the current edition of DSM or ICD-9.
(vvv) *"Substance-related disorder"* has the meaning ascribed to it in the *Diagnostic and Statistical Manual of Mental Disorders*, which is adopted by reference pursuant to Chapter 16.
(www) *"Suspension"* means invalidation of approval of a chemical dependency treatment service for any period less than one year or until the Division has determined substantial compliance and notifies the provider of reinstatement.
(xxx) *"Transfer"* means the change of a client from one level of care to another. The change may take place at the same location or by physically moving the client to a different service setting for the new level of care.
(yyy) *"Treatment"* means the planned provision of best practices therapeutic services that are culturally competent to assist the client in achieving the goals of their treatment plan.
(zzz) *"Treatment program"* means a program that provides services for the treatment of a substance-related disorder in the manner set forth in the criteria of the Division, including, but not limited to: (a) Comprehensive evaluations; (b) Early intervention services; (c) Outpatient counseling; (d) Intensive outpatient counseling; (e) Residential treatment; (f) Transitional housing; (g) Residential detoxification; (h) Civil protective custody; and (i) Opioid maintenance therapy.
(aaaa) *"Volunteers"* means an individual who, without compensation, provides or conducts a service.
(bbbb) *"Wyoming Mental Health Professions Licensing Board"* means the agency established under the provisions of W.S. § 33-38-101, *et seq*.
(cccc) *"Wyoming Administrative Procedure Act"* shall mean W.S. § 16-3-101, *et seq.*

Chapter 2. General Provisions.

Section 1. <u>General.</u>

(a) Program Reporting Requirements.

(i) The program shall notify the Division in writing thirty (30) days prior to any proposed change in location, name ownership, control of the facility or closure of program. If there are circumstances that prevent this notice, notify the Division within one (1) business day of such changes with an explanation of the reason for the change.

(ii) If there is a change or transfer in ownership, the new owner(s) or controlling parties shall file an application for certification thirty (30) days prior to taking

control. The application will be reviewed for completeness. If the application is complete, a six (6) month provisional will be issued. If the application is not complete, it will be returned to the applicant to address such deficiencies noted. A provisional certificate will only be issued once the application is complete and approved.

(iii)Any notice of hearing order or decision which the Division issues to a facility prior to a transfer of ownership shall be effective against the former owner or controlling party to such transfer, and, where appropriate, the new owner following such transfer unless said notice, order, or decision is modified or dismissed by the Department.

(iv)No program certification shall be transferable from one owner to another or from one facility to another. The program shall immediately notify the Division if the program is closing including a plan to transfer clients to other services as indicated.

(v) The program shall immediately notify the Division electronically, by email or fax, of a client or staff death where death occurs on site. The program shall notify the decedent's family or next of kin as soon a possible.

(vi) The program shall notify the Division within one (1) business day of a critical fire, accident, or other incident resulting in the interruption of services at the location.

(vii) Legal proceedings. Every program shall report, in writing, to the Division any civil award against a program or any person while employed by the program which relates to the delivery of the service or which may impact the continued operation of the facility. In addition, every program shall report any felony conviction against the program or any person while employed by the program. The report shall be given to the Division within ten (10) calendar days of receipt of the conviction.

(b) Governing Board Protocols.

(i) The governing authority or legal owner of a program has the primary responsibility to create and maintain the organization's core values and mission via a well defined annual plan. It assumes final authority over and responsibility for the accountability of all programs. The authority ensures compliance with applicable legal and regulatory requirements. It advocates for needed resources to carry out the mission of the organization and provides guidance to the management to ensure the success of day to day operations.

(ii) Each program shall have a governing body or other responsible person who is accountable for the development of policies and procedures to guide the daily operations. If a program is governed by a board of directors, minutes and records of all board of directors meetings shall be documented in accordance with the organizational by-laws. The governing board shall meet at a minimum quarterly. The program shall document that the program administrator has reported to the governing body or its designated representative at least one time a quarter.

(iii) Each program shall keep, maintain, and make available to any employee or client an organizational chart and written policy that describe the organizational structure, including lines of authority, responsibility, communication, and staff assignments.

(iv) Each program will have a plan that monitors operations in the area of organization, human resource, fiscal and services provided.

(c) Client Rights.

(i) Each program shall establish a written policy stating that the service will comply with the client rights requirements as specified in this section.

(ii) Each program shall establish written policies and procedures ensuring that services will be available and accessible where no person will be denied service or discriminated against on the basis of sex, race, color, creed, sexual orientation, handicap, or age, in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended, 29 USC 794, and the Americans with Disabilities Act of 1990, as amended, 42 USC 12101-12213; further each program shall have policies that assure availability and accessibility for all persons regardless of cultural background, criminal history, drug of choice, and medical status among other factors. However, each program may impose reasonable programmatic restrictions that are intended to support therapeutic goals of the program, meet restrictions of government grants or funding, or required by limitations of the program to provide services specific to a person. Program staff shall receive training on these issues and shall be documented in the personnel record.

(d) Emergency Procedure Requirements.

(i) During the hours services are provided, there shall be a plan for immediate access to first aid and emergency medical services. Residential programs must have at least one trained staff in first aid and Cardio Pulmonary Resuscitation (CPR) onsite twenty four (24) hours seven (7) days a week.

(ii) All programs shall have a written plan for emergency services to include potential emergencies, including: fires, bomb threats, natural disasters, utility failures, medical emergencies, safety during violent or other threatening situations. The plan will detail what protocols will be followed in each situation, chain of command and how contacting emergency services will be assured. Documentation of staff training in emergency services is required and shall be documented in the personnel record.

(e) Tobacco Free Protocols.

(i) Use of all tobacco products, second hand smoke, and tobacco litter must be prohibited throughout the entire facility, with no exceptions, including all indoor facilities, building entrances, offices, hallways, waiting rooms, restrooms, elevators, meeting rooms, and community areas. An ashtray with a sign indicating that this is a no smoking area is allowed to allow for a person to extinguish a tobacco product safely. A treatment facility may designate out-of-doors smoking area, so long as they are not in building entrances or other areas that permit contamination of occupied areas by secondhand smoke or tobacco litter. This policy applies to all employees, clients, contractors, and visitors.

(ii) The program shall offer tobacco cessation programs either onsite or through referral, for both clients and staff.

(f) Legal Requirements.

(i) The program shall ensure that all its program(s), facilities, and services comply with all applicable federal, state, and local laws, regulations, codes and ordinances.

(ii) The program will obtain a local business license from the city or county if required.

(iii)Each program shall have general liability insurance including physical, civil and professional insurance in an amount deemed sufficient by its owners or governing body when applicable. Programs providing prevention services do not have to carry liability insurance if no direct services are being provided. Funded providers with Governing Boards must carry governing board insurance in an amount deemed sufficient by its governing body.

Section 2. Certification Required for State Funds or Court-Ordered Clients.

(a) As set forth in W.S. § 9-2-2701(c), no program, provider, or facility may receive state funds for substance abuse prevention, recovery support services or treatment services unless certified under these rules. Additionally, no substance abuse treatment program may receive court referred or ordered clients unless it is certified under these rules.

(b) All certified substance abuse service providers who are required to be certified shall meet the requirements set forth in these rules. Programs located outside of Wyoming may be certified, at the discretion of the Department, if they meet the applicable provisions of these rules.

(c) The Division can, under critical issues regarding safety of client, public or staff, conduct unannounced site visits to investigate such occurrences.

(d) If a program has a current recognized national accreditation for substance abuse treatment by specific level of care, applicable portions of this accreditation can be reviewed as part of the certification site visit utilizing the following processes.

(i) Applicable portions of the national accredited report by level of service that are congruent with these rules will be accepted in lieu of reviewing records for compliance with these rules.

(ii) Sections that are not congruent with these rules will be reviewed as part of the certification site visit. If Wyoming Standards exceed national accreditation standards, Wyoming Standards will be required and reviewed for compliance.

(iii) Records will be reviewed for compliance by level of service when national accreditation standards require state compliance for approval under the national standards.

(iv) Certification reports will reference portions that were viewed as congruent by level of service in the certification report and note compliance.

(e) Any program or provider seeking certification under these rules shall apply to the Division for certification on a form provided by the Department.

(f) Upon receipt of a completed application, the Division shall review the application for compliance with these rules. The review may include an on-site inspection. Within sixty (60) calendar days after receiving the completed application, the Division shall either approve or deny the application. Failure to meet this deadline shall not be construed as approval of the application.

(g) An application may be approved subject to conditions provided those conditions are fully set forth in the letter communicating the conditional approval. In the event an application is approved subject to conditions, the applicant must communicate its plan for complying with the condition within fifteen (15) business days of receiving the notification. If the applicant is unwilling to comply with the conditions, the application shall be deemed denied pending further negotiations.

(h) The Division may issue a certification for any period not to exceed two (2) years based on compliance level resulting from the certification review. The certification shall remain in effect for the period designated, unless suspended or revoked prior to expiration. Providers seeking renewal will complete a renewal application in a form approved by the Department.

(i) The program shall submit to the Division a written corrective action plan if the provider receives a certification report below the minimum compliance level as determined by Division policy. Other critical issues that put the client, staff or public at risk will result in corrective action even if overall minimum compliance is within the acceptable range. The correction plan must be submitted to the Division within thirty (30) days unless requested in writing sooner.

(j) The Division shall review the corrective action plan and will notify the program of either the acceptance or rejection of the plan. An unacceptable plan must be amended and resubmitted within ten (10) business days of date of notice of rejection.

(k) Failure to make corrections pursuant to an approved correction plan may result in appropriate action under Chapter 2, Section 2, ii. of these rules.

(l) Denial/Suspension/Revocation.

(i) The Division may deny an application to issue a certification if an applicant fails to meet all of the requirements of these rules, and may refuse to renew the certification if the applicant no longer meets or has violated any provision of these rules.

(ii) The Division may at any time upon written notification to a certificated program or provider, suspend or revoke the certificate if the Division finds that the provider does not comply with these rules. The notice shall state the reasons for the action and shall inform the certificate holder of actions necessary to remedy the failures and of their right to a hearing under the Wyoming Administrative Procedures Act. In addition to revoking or suspending a certification, the Division may, in its discretion, place a program on probation under a specified, mutually agreeable, and written correction plan.

(iii) In the event a certification is suspended or revoked, notice shall be provided promptly to all courts that may refer persons to that program. Notice of final disposition of the matter shall also be promptly provided to those courts. If the Division denies, refuses to renew, suspends, or revokes a certification, the aggrieved party may request an administrative hearing under the Wyoming Administrative Procedures Act. A request for a hearing must be received by the Division within thirty (30) calendar days of the action from which the appeal is taken. If a timely request for hearing is not received by the Department, no hearing is available. If a timely request for hearing is received, the action is stayed pending a decision on the appeal, except where the Division finds in writing that

the health, safety, or welfare of clients requires that the action take effect immediately.

(m) Informal Complaints. **(Ken and Lawrence are working on draft language for review)**

(i) The Administrator on his own initiative or upon receipt of a complaint alleging a violation of a state or federal law, order, or rule, or standard of the Division may conduct an investigation of a program. The purpose of an investigation is to endeavor to bring about satisfaction of the complaint.

(ii) Upon initiation of an investigation, the Administrator shall notify the president of the board of directors and executive director of the program of the specific allegations contained in the complaint with sufficient detail to allow for an informed response. The Administrator shall also inform the program of law, order, rule or relevant to the complaint, and the timeline for the investigation of the complaint. For the benefit of the clients of the program, the investigation shall be conducted in a manner that minimizes disruption to the program operations.

(iii) The investigation may include on-site inspection and collection of all the available pertinent information concerning the operations of the program as it relates to the complaint being investigated. The Division may consult the program director, the governing body of the program, the staff of the program, if relevant, the clients, parents or guardians of the clients, and other pertinent and reliable sources of information about the program.

(iv) Corrective Action. Within thirty (45) days of the initiation of the investigation, a preliminary report of the status of the investigation shall be issued to both the complainant and the program being investigated shall be issued to both the complainant and the program being investigated. A final report of the investigation shall be issued within ninety (120) days of the initiation of the investigation. If a final report is not issued within ninety (90) days of the initiation of the investigation, the investigation shall be considered closed.

(v) After an investigation had been completed, the Administrator shall notify the program and the complainant of the findings of the investigation. If the Program is found to have committed an act or omission in violation of the law or rules and standards, the Administrator may specify the necessary corrective action and the time line for completion of the corrective action. No public statement shall be made by the Division regarding the investigation or its outcome without first notifying the program being investigated.

(vi) In the event of failure to bring about satisfaction of the compliant through methods outlined, the complainant Administrator, or the program may request a formal hearing regarding the complaint.

(vi) The Division will follow Confidentiality per 42 CFR, Part 2 Federal Confidentiality and 45 CFR Part 160 and 164 Health Insurance Portability and Accountability Act (HIPAA), and other legal restrictions effecting confidentiality of alcohol and drug abuse client records when conducting investigations.

Section 3. Contract Requirements for Prevention, Early Intervention, Recovery Support Services and Substance Abuse Treatment Services.

(a) Any program or service seeking funds under these rules shall apply to the Division in a process developed by the Division as posted on the Webpage and/or sent through the mail.

(b) Eligibility for Contracts. Any public or private program or service may apply to the Division for available funds to contract to provide prevention, early intervention, treatment services and recovery support services and who comply with the rules of the contract.

(c) Preference. Those entities with which the Division contracted for substance abuse services in the year prior to the promulgation of these rules shall have a preference for initial contracts entered under these rules. The preference granted herein is intended only to extend to those specific services covered under the contract between the Division and the contractor prior to these rules. Notwithstanding any preference, all contractors are subject to suspension or revocation of certification for failure to comply with these rules. Preference may in part be based on the Program meeting the scope of work deliverables of the previous contract.

(d) Continuum of Services. It is the objective of the Division to provide access to a continuum of prevention, intervention, treatment services and recovery support services. Accordingly, the Division may contract with one or more applicants in a county or other geographic area in order to meet that objective.

(e) Application and submitting Letter of Intent for renewal of public funds and for the application of new public funds. The Division will send Request for Proposal (RFP) prior to contract expirations dates or when new funding is available for services. Program or services interested in continuing to provide current services or apply for new services will submit a Letter of Intent and Application in accordance with the instructions in the RFP issued by the Department.

(f) Issuance of Contract. Once the Division has determined that a contract should be issued to a program or service, it may do so and contact the program in regards to the formal contract process. The contract shall comply with the provisions of Section 1 and 2 of Chapter VII. "The contract of Funded Services of the Rules and Regulations of the Division of Behavioral Health, dated February 1984, and amended in October 1984, and February 1992.

Section 4. Financial Management Funded Programs and Services:

(a) Programs funded by the Division substance abuse prevention, intervention, treatment and recovery support services shall keep and maintain in accordance with state requirements and its by-laws an accurate record of the finances of the facility.

(b) Programs funded by the Division for substance abuse prevention, intervention, treatment and recovery support services shall keep on file an annual operating budget with documentation of governing body approval. If the program does not have a

governing board, the operating budget is still required, but governing body approval is not required. Such budgets shall categorize revenues by source of funds and expenses. In addition a cash flow and variance report shall be submitted.

(c) Programs funded by the Division for substance abuse prevention, intervention, treatment and recovery support services shall have policies and procedures for sliding fee arrangements with clients who are served through the use of those funds. Under these policies, publicly funded programs may not refuse to offer or provide services due to inability to pay. Fees shall be determined based on program costs using a justifiable and verifiable methodology that considers family income and size. Charges shall be consistently applied to persons seeking services. The availability of a sliding fee scale shall be posted in the program facilities in a manner conspicuous to persons seeking services. Policies and fee schedules shall be approved by the Department.

(d) Programs funded by the Division for substance abuse prevention, intervention, treatment and recovery support services shall demonstrate financial capability to operate the facility for the period of certification, and shall annually submit a complete Independent Auditor's Report, including management letter if applicable to the Department. The Report shall be submitted within thirty (30) days of its receipt by the program.

Section 5. Financial Protocols, All Certified Programs:

(e) All programs shall establish written policies and procedures for all fiscal operations in accordance with Generally Accepted Accounting Principles.

(f) In the event of client nonpayment, the program shall, at a minimum, prior to client discharge be allowed to: make reasonable efforts to secure from a third party payment source, including providing reasonable advocacy for the client with any third party payer; and offer a reasonable payment plan, which takes into account the client's income, resources, and dependents. A client shall not be terminated for non-payment without it being addressed as part of treatment with a reasonable timeframe for resolution of the issue.

Section 6. Human Resource Management.

(a) A program shall keep, maintain, and make available to any employee or client an organizational chart and written policy that describe the organizational structure.

(b) A program shall have written policies and procedures stating that, in the selection of staff, consideration when possible will be given to each applicant's cultural competency of special populations that the program serves.

(c) A program that utilizes volunteers, shall have written policies and procedures governing their activities and establishing appropriate training requirements. Volunteers must review all applicable policies and sign a form acknowledging that the policies were reviewed and agreed upon.

(d) A Program shall have written policies and procedures for determining staff training needs, formulating individualized training plans, developing cross-training activities with other professional disciplines, and documenting the progress and completion of staff development goals. Personnel records shall contain a record of such activities. At a minimum, training shall include: cultural competency, rights of person served, family centered services, prevention of workplace violence, confidentiality requirements, professional conduct, ethics and special populations served specific to services being provided.

(e) All programs with two or more persons employed or under contract shall implement and enforce policies and procedures establishing a drug-free workplace. These policies and procedures shall require employees, including administrators, staff members, and volunteers, to undergo drug and/or alcohol testing whenever the program's governing board, legal owner, or administrator, has reason to believe a person may be illicitly using controlled substances or abusing alcohol. When test results are found to be positive, or whenever the program otherwise learns that an employee may be abusing alcohol or controlled substances, the program shall refer the person to a treatment program for assessment and treatment recommendations. Notwithstanding any provision of this paragraph, programs shall also report to the appropriate licensing board, if required to do so, pursuant to a contract or rules of the licensing board. The program may terminate any person who refuses to cooperate and follow recommendations for treatment or other interventions.

(f) A program shall have written policies and procedures to ensure compliance with 42 CFR, Part 2 Federal Confidentiality and 45 CFR Part 160 and 164 Health Insurance Portability and Accountability Act (HIPAA), and other legal restrictions effecting confidentiality of alcohol and drug abuse client records. Each staff person must sign a statement acknowledging his or her responsibility to maintain confidentiality of client information.

(g) A program shall have an administrator appointed by the governing authority or legal owner. In the case of a sole proprietor, this is not required. The administrator is responsible for the day-to-day operation of the service delivery system, which includes a working knowledge of the programs provided, being accessible and available to clients and program personnel, and integrating the mission and core values of the organization. The administrator is responsible for gathering input needed for key decision making from clients, all levels of personnel, and other community stakeholders. A job description describing minimum qualifications and duties must be developed and signed by the administrator. At a minimum, the following elements are required: ensures sound fiscal management; ensures effective and efficient resource utilization; ensures program and facility safety for clients and staff; ensures demonstration of an organized system of information; ensures flow of pertinent information to appropriate parties and management; and ensures compliance with all applicable legal, ethical, and regulatory codes and requirements.

(h) All programs shall conduct such background information checks, which include the Wyoming Abuse and Neglect Central Registry, as maintained by the Department of Family Services, the sex offender registry maintained pursuant to W.S. § 7-19-303, and fingerprinting by the Division of Criminal Investigation (DCI) on all successful applicants for employment and persons with whom the program contracts, and others, including volunteers, who have direct, regular contact with clients. Each program may determine the type and scope of any background inquiry based on its needs and the duties of the person being employed. Applicants may, in the discretion of the program administrator, be provisionally employed pending the outcome of a background check.

(i) Personnel records must contain the following documentation: annual performance appraisal, background check results, current professional license, job description, resume and or application and letters of reference or documented verbal reference checks

completed by the Program. I-9 Forms must be kept in a separate file in a secured location to assure confidentiality.

Section 7. Program Evaluation.

(a) A program must have an evaluation measuring the effectiveness of treatment when requested by the Division.

Chapter 3. Standards for Mental Health Services. (Reserved)

Chapter 4. Standards for Substance Abuse Treatment Services.

Section 1. Client Confidentiality and Consents.

(a) Programs shall ensure compliance with 42 CFE Part 2, 45 CFR Part 160 and 164 and other legal restrictions effecting confidentiality of alcohol, drug abuse and medical client records. Each client shall review and sign a statement showing that confidentiality was explained to them and that they understand what information is protected and under what circumstances information can or cannot be released. Information not addressed in Federal or local laws shall be addressed through policy and procedures developed by the program and approved by the governing board if applicable.

(b) Programs shall utilize consent for treatment forms signed by the client and legal guardian if applicable.

(c) Programs shall develop rules governing the treatment process and the client and legal guardian if applicable shall sign a form showing that they understand the rules and accept them. Rules shall detail what type of infractions or conditions must occur for a client to be terminated from a program. Appropriate consequences shall be documented in regards to rule infractions that don't require immediate termination and must be addressed in the client individualized treatment plan with appropriate timeframes for clients to address infractions prior to terminating the client.

(d) An acknowledgment by the client and legal guardian if applicable that the service admission policies and procedures were explained;

(e) A copy of the signed and dated client rights form that was reviewed with and provided to the client and legal guardian if applicable.

(f) A copy of documentation of the sliding fee agreement.

(g) Programs shall have a client grievance procedure. The client and legal guardian if applicable shall sign a form showing that they understand the procedures for filing a complaint. At a minimum the procedure shall include review by the Director of the program and review by the governing board when applicable. If the client is not satisfied with the results of this process, the client can make a formal complaint in writing to the Department.

Section 2. Clinical Oversight.

(a) Clinical oversight shall consist of at a minimum one (1) time per a month contact, provided on or off the site of a service, between a clinical supervisor and treatment staff or peer consultation for one person Programs to ensure that each client is receiving quality care consistent with the individualized treatment plan.

(b) Oversight in regards to clinical supervision shall be in compliance with Title 33, Chapter 38 as defined in the Chapter 1 Section 4 of the Definitions in these standards.

(c) A clinical supervisor shall provide oversight and performance evaluation of clinical staff in the core competencies as identified in the most current TAP 21-A Competencies for Substance Abuse Treatment Clinical Treatment Supervisors published by SAMSHA. At a minimum the following is required; supervision or peer consultation will be clinical not administrative, supervision or peer consultation will be part of agency's staff development plan.

(d) Clinical oversight or peer consultation shall include, at a minimum, documentation of regular meetings showing that supervision took place. This documentation can be completed by either the supervisor or the person being supervised.

Section 3. Case Management Services.

(a) Programs shall have a written plan for providing dedicated case management services to clients and their families in conjunction with or as part of the client's substance abuse treatment. Case management services may be provided directly or through memorandum of agreement among multiple agencies or programs. These services shall be designed and documented in the treatment plan when applicable to provide goal-oriented and individualized support focusing on improved self-sufficiency for the client through life skill functional assessment, planning, linkage, advocacy, referral, coordination, transportation, monitoring activities, and crisis intervention, and may provide other supportive services when allowed by and communicated with the treatment program. In cases involving domestic/family violence, these services shall include safety factors and safe environmental options. Special emphasis will be placed on coordinating with other programs, including, but not limited to: vocational rehabilitation and work force development services to enhance the client's skill base, chances for gainful employment, and options for independent functioning.

(b) Programs shall collaborate with other agencies, programs, and services in the community to meet individual client needs. During the course of treatment, whenever the primary clinical staff person deems clinically appropriate, he/she shall, with the informed consent of the client and, if applicable, legal guardian, assemble a team when possible and applicable including the client, family members, friends, support person(s), and others from the community whose profession or resources permit them to contribute to a network of supporters to assist the client in his or her recovery. The membership of the team will be based on the needs of the client. Team members will be asked to provide specific assistance for a defined period of time. The primary clinical staff person will have the responsibility to monitor the client's progress under the plan and to make periodic adjustments as necessary.

(c) All participants who take part in this case management process must assure compliance with 42 C.F.R Part 2 and 45 C.F.R Part 160 and 164.

Section 4. Non-Clinical Case Record and Consents.

(a) A case record shall contain medication records for programs monitoring and/or monitoring the administration of medication.

(b) A case record shall contain medication documentation that allow for ongoing monitoring of all administered medications and the documentation of adverse drug reactions.

(c) A case record shall contain correspondence relevant to the client's treatment including all letters and dated notations of telephone conversations conducted by program staff. There shall be a signed release of information form for all correspondences when applicable.

(d) A case record shall have documentation showing that the client was given information regarding communicable diseases, referral for screening and linkages to counseling if applicable.

Section 5. Screening and Assessment.

(a) The following instruments and protocols shall be used when conducting comprehensive assessment of addiction severity, determining diagnosis, and setting the stage for appropriate placement of clients into treatment for alcohol and other drug addiction. A program may choose to use other instruments in addition to those set forth in these rules.

(i) A program shall at a minimum complete a national recognized withdrawal assessment tool such as the Clinical Institute Withdrawal Assessment (CIW A-R) for alcohol for screening clients at risk for experiencing withdrawal symptoms if indicated. The results of this instrument will indicate if the client needs to be referred for detoxification services.

(ii) A program serving adults shall utilize the an assessment tool designated by the Division through a committee process involving providers from the field publically funded, private unfunded and consumers as well as comprehensive information regarding the client's bio-psychosocial spiritual needs in the assessment of the client. Tools that meets or exceeds this tool will be acceptable for use. Assessments can only be completed by a qualified clinical staff who is credentialed through the "Wyoming Mental Health Professions Licensing Board" established under the provisions of W.S. § 33-38-101, *et seq*., psychologist who is licensed to practice psychology pursuant to W.S. § 33-27-113 (a) (v) and a Licensed Physician by the Wyoming State Board of Health. The approved assessment tool shall be disseminated to all certified treatment programs by the Division.

(iii) A program serving adolescents shall utilize an assessment tool at a minimum which includes the following domains: medical, criminal, substance use, family, psychiatric, developmental , academic, intellectual capacity, physical and sexual abuse, peer environmental and cultural history.

(iv) A program shall utilize the current version of the Diagnostic Statistical Manual (DSM) completing a five (5) axis differential diagnosis of the client.

(v) A program shall utilize the current version of the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC) as part of the assessment process. ASAM dimensional criteria for each domain must be addressed in the assessment of client need for treatment.

(vi) A program shall develop a diagnostic statement summarizing the above elements to assure clarity of client need and treatment recommendations.

(vii) A program shall adequately assess the clients need for case management as described in Chapter 3, Section 4, Case Management requirements.

(viii) When a client is transferred from another Program and an assessment has been completed, the program must complete a transfer note showing that the assessment information was reviewed. Further, the program must determine if the client needs are congruent with this assessment and make adjustments to treatment recommendations if applicable.

Section 6. ASAM Continued Stay, Transfer and Discharge Criteria.

(a) Continued Stay. The following criteria per ASAM Dimension shall be utilized to determine if the client should remain in the current level of care.

(i) Client is making progress toward stated treatment goals.

(ii) Client has not yet achieved goals articulated in the individualized treatment plan.

(iii) Client has the capacity to resolve his or her problems.

(iv) Client is actively working toward the goals articulated in the individualized treatment plan.

(v) New problems have been identified that are appropriately treated at the present level of care.

(b) Discharge/Transfer Criteria: The following criteria per ASAM Dimensions shall be utilized to determine if the client should be transferred or discharged from the current level of treatment.

(i) Client has achieved the goals articulated in his or her individualized treatment plan thus resolving the problem(s) that justified admission to the present level of care.

(ii) Client has been unable to resolve the problem(s) despite amendments to the individualized treatment plan.

(iii) Client has demonstrated a lack of capacity to resolve his or her problem(s).

(iv) Treatment at another level of care or type of services therefore is indicated.

(v) Client has experienced an intensification of his or her problem(s), or has developed a new problem(s) and can be treated effectively only at a more intensive level of care.

Section 7. Progress Note Requirements.

(a) Progress notes shall document the condition of the client and progress or lack of progress toward specified treatment goals. Progress notes shall be detailed enough to allow a qualified person to follow the course of treatment.

(b) Progress notes shall document any significant events such as program rule violations and no shows.

(c) Progress notes for clinical groups shall be completed at least weekly. The dates of services shall be documented as part of the group progress note. Progress notes for individual sessions shall be completed for each treatment session.

(d) Progress notes shall be signed by the staff providing services to the client.

Section 8. Clinical Staffing.

(a) When clinically indicated an interdisciplinary team shall conduct a staffing regarding a client.

(b) Staffing shall be documented in the client record.

(c) The following participants of a staffing could be included but is not limited to the client, family and significant others, clinical staff, case management staff, medical staff, school teachers, probation/parole officers etc..

(d) Confidentiality of client information shall meet 42 C.F.R. Part 2 and 45 C.F.R. Part 160 and 164 in regards to client staffing.

Section 9. DUI/MIP Education Programs.

(a) Must meet all applicable standards, Chapter 1, 2 and Chapter 3 Sections 1 through 6 of these standards including the following service level requirements.

(b) The provider of these services must demonstrate the ability through education and training to provide the services required under this section. The program must complete the education curriculum developed by the Division. The Division will provide regional trainings and distance learning opportunities. Newly certified programs will have one calendar year to complete this training.

(c) The program shall assure that each client is assessed per requirements stated in these rules, Chapter 3, Section 5. The results of the assessment shall be provided to the court upon request, and the Department of Transportation-Drivers Services and/or referring when appropriate and requested by those entities. They shall include a written consent from the client as covered under 42 CFR, Part 2, Confidentiality. Where the results indicate a need for additional services, the program shall make the appropriate referrals.

(d) Each assessment shall include documentation of review of the record of blood alcohol level and driving record of the client.

(e) If the program does not complete the assessment, they must obtain a copy of the recommendations and meet all confidentiality requirements described in these standards.

(f) The program shall maintain records documenting client attendance and course completion or failure to attend and/or complete.

(g) The program shall provide eight (8) hours of client face to face services with education utilizing a curriculum that is nationally recognized and appropriate to age and development levels. Curriculums for DUI and MIP must be separate curriculums and services must be provided separately.

(h) In order to complete the course, clients shall be required to develop a personal action plan based on nationally accepted practices setting forth actions he/she will take in the future to avoid violations. There needs to be written documentation assuring that the client developed a plan prior to the conclusion of the class.

(i) The failure of a client to follow the court order or requirements of the Department of Transportation to successfully complete the course shall be reported to the court and any supervising or probation agent and/or Department of Transportation within 10 business days of course date. All applicable standards regarding confidentiality as described in these standards must be followed in the release of this information.

Section 10. Outpatient Treatment Services.

(a) Must meet all applicable standards, Chapter 1, 2 and Chapter 3 Sections 1 through 8 of these standards including the following service level requirements.

(b) Clinical Services Description.

(i) Outpatient services per ASAM description encompasses services, which may be delivered in a wide variety of settings. Outpatient programs provide regularly

scheduled sessions of usually fewer than nine (9) contact hours for adults and fewer than six (6) contact hours for adolescents a week. The services follow a defined set of policies and procedures or clinical protocols.

(c) Required Personnel.

(i) Outpatient clinical services are appropriately staffed by Qualified Clinical Staff person(s) who are credentialed through the "Wyoming Mental Health Professions Licensing Board" established under the provisions of W.S. § 33-38-101, *et seq*., psychologist who is licensed to practice psychology pursuant to W.S. § 33-27-113 (a) (v) and a Licensed Physician by the Wyoming State Board of Health as defined in Chapter 1, Section 4 of the Definitions of these standards.

(ii) Staff is capable of obtaining and interpreting information regarding the client's bio-psychosocial spiritual needs, and is knowledgeable about the dimensions of alcohol and other drug disorders, including assessment of the client's readiness to change.

(iii) Staff is capable of monitoring stabilized mental health problems and recognizing any instability of clients with co-occurring mental health problems.

(d) ASAM Continued Stay, transfer and discharge review.

(i) ASAM dimensional criteria shall be reviewed by the clinical staff person responsible for treatment when ever the condition changes significantly per Chapter 4, Section 6 of these standards.

(a) Therapies and Interventions.

(i) Intervention services per ASAM description involve skilled treatment services, which include but are not limited to individual and group counseling as indicated by client need, family therapy, educational groups, occupational and recreational therapy, psychotherapy or other therapies as indicated by client need.

(ii) Such services are provided in an amount, frequency and intensity appropriate to the client's individualized treatment plan.

(iii) Motivational enhancement and engagement strategies are used in preference to confrontational approaches.

(iv) For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed as the need arises. Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have serious and persistent mental illness.

(b) Individualized Treatment Planning:

(i) Treatment plan shall be completed in conjunction with the initiation of treatment.

(ii) Initial treatment plan shall be developed with the client. The client and clinical staff responsible for the course of treatment will sign this initial individualized treatment plan when possible.

(iii) Treatment plan shall be developed utilizing the assessment information including ASAM dimensional criteria and the DSM diagnoses.

(iv) Treatment plan shall document outcome driven goals that are measurable. The plan shall specify the changes in the client's symptoms and behavior that are expected during the course of treatment by level of service that are expressed in measurable and understandable terms. The goals shall describe improved functioning level of the client utilizing ASAM dimensional criteria.

(v) Treatment plan shall integrate mental health issues if identified as part of the assessment process or at any point during the continuum of treatment.

(vi) Treatment plan review shall be evaluated throughout the course of treatment based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications should be made as clinically indicated. This review should include a written description within the client record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or part of an ASAM dimensional criteria review form.

(vii) Treatment plans shall list action/objective statements that describe the steps in which the client will take to meet each stated goals.

Section11. Intensive Outpatient Treatment Services.

(a) Must meet all applicable standards, Chapter 1, 2 and Chapter 3 Sections 1 through 8 of these standards including the following service level requirements.

(b) Clinical Services Description.

(i) Intensive outpatient treatment programs per ASAM description provide at least nine (9) hours for adults and six (6) hours for adolescents or more of structured programming per week, consisting primarily of counseling and education about substance-related and mental health problems. Program services must at a minimum meet three (3) times a week and there must not be more than three (3) days between clinical services excluding holidays. The client's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the client is stable and requires only maintenance monitoring.

(c) Required Personnel.

(i) Intensive outpatient clinical services are appropriately staffed by Qualified Clinical Staff person(s) who are credentialed through the "Wyoming Mental Health Professions Licensing Board" established under the provisions of W.S. § 33-38-101, *et seq*., psychologist who is licensed to practice psychology pursuant to W.S. § 33-27-113 (a) (v) and a Licensed Physician by the Wyoming State Board of Health as defined in Chapter 1, Section 4 of the Definitions of these standards.

(ii) Staff is capable of obtaining and interpreting information regarding the client's bio-psychosocial spiritual needs, and is knowledgeable about the bio-psychosocial spiritual dimensions of alcohol and other drug disorders, including assessment of the client's stage to change.

(iii) Staff is capable of monitoring stabilized mental health problems and recognizing any instability of clients with co-occurring mental health issues.

(c) ASAM Continued Stay, transfer and discharge review.

(i) ASAM dimensional criteria shall be reviewed by the clinician staff person responsible for treatment when ever the condition changes significantly per Chapter 4, Section 6 of these standards. At a minimum, dimensional criteria must be reviewed with support documentation at least one (1) time monthly. Severity shall be rated for each dimension with sufficient documentation showing justification for level of care recommendations.

(d) Therapies and Interventions.

(i) Services include but are not limited to individual and group counseling as indicated by client needs, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies as indicated.

(ii) Services are provided in amounts, frequencies and intensities appropriate to the objectives of the individualized treatment plan.

(iii) Family therapy when indicated by client needs, which involves family members, guardians or significant other(s) in the assessment, treatment and continuing care of the client.

(iv) A planned format of therapies delivered on an individual and group basis and adapted to the client's development stage and comprehension level.

(v) Motivational enhancement and engagement strategies, which are used in preference to confrontational approaches.

(vi) For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed as the need arises. Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have severe and persistent mental illness.

(e) Individualized Treatment Planning.

(i) Treatment plan shall be completed in conjunction with the initiation of treatment.

(ii) Initial treatment plan shall be developed with the client. The client and clinical staff responsible for the course of treatment will sign this initial treatment plan if possible.

(iii) Treatment plan shall be developed utilizing the assessment information including ASAM dimensional criteria and the DSM diagnoses.

(iv) Treatment plan shall document outcome driven goals that are measurable. The plan shall specify the changes in the client's symptoms and behavior that are expected during the course of treatment by level of service that are expressed in measurable and understandable terms. The goals shall describe improved functioning level of the client utilizing ASAM dimensional criteria.

(v) Treatment plan shall integrate mental health issues if identified as part of the assessment process or at any point during the continuum of treatment.

(vi) Treatment plan review shall be evaluated throughout the continuum of care based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications should be made as clinically indicated. This review should include a written description within the client

record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or part of an ASAM dimensional criteria review form.

(vii) Treatment plans shall list action/objective statements that describe the steps in which the client will take to meet each stated goals.

Section 12. Day Treatment Services.

(a) Must meet all applicable standards, Chapter 1, 2 and Chapter 3 Sections 1 through 8 of these standards including the following service level requirements.

(b) Clinical Services Description.

(i) Day Treatment Clinical services provide or 12 more hours of clinically intensive services a week per Wyoming service definition. There must not be more than three (3) days between clinical services excluding holidays. Per ASAM description, provide direct access to psychiatric, medical and laboratory services, and thus are better able than intensive outpatient services to meet the needs identified in Dimensions 1, 2, and 3, which warrant daily monitoring or management but which can be appropriately addressed in a structured outpatient setting. Services include, but are not limited to individual, group, family as indicated by client needs, medication education and management, educational groups, and occupational groups and recreational therapy.

(c) Required Personnel.

(i) Day Treatment clinical services are staffed by Qualified Clinical Staff person(s) who are credentialed through the "Wyoming Mental Health Professions Licensing Board" established under the provisions of W.S. § 33-38-101, *et seq*., psychologist who is licensed to practice psychology pursuant to W.S. § 33-27-113 (a) (v) and a Licensed Physician by the Wyoming State Board of Health as defined in Chapter 1, Section 4 of the Definitions of these standards.

(ii) Staff is cable of obtaining and interpreting information regarding the client's bio-psychosocial spiritual needs, and is knowledgeable about the bio-psychosocial spiritual dimensions of alcohol and other drug disorders, including assessment of the client's stage to change.

(iii) Staff is capable of monitoring stabilized mental health problems and recognizing any instability of clients with co-occurring mental health problems.

(c) ASAM Continued Stay, transfer and discharge review.

(i) ASAM dimensional criteria shall be reviewed by the clinician staff person responsible for treatment when ever the condition changes significantly per Chapter 4, Section 6 of these standards. At a minimum, dimensional criteria must be reviewed with support documentation at least one (1) time every two (2) weeks. Severity shall be rated for each dimension with sufficient documentation showing justification for level of care recommendations.

(d) Therapies and Interventions.

(i) Services include but are not limited to individual and group counseling as indicated by client needs, medication management, educational groups, occupational and recreational therapy, and other therapies as indicated.

(ii) Family therapy when indicated and possible, which involves family members, guardians or significant other(s) in the assessment, treatment and continuing care of the client.

(iii) Planned format of therapies delivered on an individual basis and adapted to the client's developmental stage and comprehension level.

(iv) Motivational enhancement and engagement strategies, which are used in preference to confrontational approaches.

(e) Individualized Treatment Planning.

(i) Treatment plan shall be completed in conjunction with the initiation.

(ii) Initial treatment plan shall be developed with the client. The client and clinical staff responsible for the course of treatment will sign this initial treatment plan when possible.

(iii) Treatment plan shall be developed utilizing the assessment information including ASAM dimensional criteria and the DSM diagnoses.

(iv) Treatment plan shall document outcome driven goals and are measureable. The plan shall specify the changes in the client's symptoms and behavior that are expected during the course of treatment by level of service that are expressed in measurable and understandable terms. The goals shall describe improved functioning level of the client utilizing ASAM dimensional criteria.

(v) Treatment plan shall integrate mental health issues if identified as part of the assessment process or at any point during the continuum of treatment. .

(vi) Treatment plan review shall be evaluated throughout the continuum of care based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications should be made as clinically indicated. This review should include a written description within the client record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or part of an ASAM dimensional criteria review form.

(vi) Treatment plans shall list action/objective statements that describe the steps in which the client will take to meet each stated goals.

Section 13. Therapeutic Environment and Physical Plant Requirements for all Residential Facilities.

(a) Therapeutic Environment. Detoxification, Residential Treatment, Therapeutic Community for Department of Corrections and Transitional Residential Treatment must meet the following requirements.

(i) Medication Oversight.

(A) A case record shall contain medication orders when applicable by the prescribing physician specifying the name of the medication, dose, route of administration, frequency of administration, person monitoring, and name of the physician who prescribed the medication.

(B) All prescription and non-prescription medications shall be lock up in call place stored away from where clients are located.

(C) For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed as the need arises. Programs that provide

co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have severe and persistent mental illness.

(ii) Food Services.

(A) The program shall be inspected and approved by the local health authority. Written documentation of this review and approval shall be available at the time of the site visit.

(B) Meals shall be in compliance with Daily Dietary Allowances for adults and adolescents of the American Dietary Association.

(C) The program shall provide for the special dietetic needs of specific clients and this information shall be maintained in the client's record.

(D) Records of menus as served shall be posted for the review of clients.

(E) All resident activities in food preparation areas shall be under the supervision of program staff that have received instruction in, and can instruct residents in, approved food handling techniques and practices in accordance with local health authority requirements.

(F) Eating and serving utensils shall be washed by approved techniques in accordance with local health authority requirements.

(G) All sharp objects such as knifes must be locked up when kitchen area is not in use or not supervised by staff.

(H) All toxic chemicals must be locked up when kitchen area is not in use or not supervised by staff.

(I) Raw or unpasteurized milk and home-canned or preserved foods shall not be served.

(J) No person while infected with, or suspected of being infected with, communicable diseases, boils, open sores, or wounds, or acute respiratory infections, shall prepare meals or come into contact with food preparation surfaces.

(iii) Physical Plant.

(A) The facility must meet all local, state and Federal codes in regards to the construction of the facility. A Certificate of Occupancy must be obtained where applicable prior to clients living in structure.

(B) The facility shall comply with the American with Disabilities Act of 1990, 42 of 1990, 42 U.S.C. 12101-12213, and any rules, regulations, and amendments related thereto, and with state and local building and fire safety laws and/or codes.

(C) The facility shall meet all occupancy requirements of the local code authority including how many persons are allowed to a room.

(D) The facility must be maintained to assure safety needs of clients, staff and public.

(E) The facility shall be conducive to the population served making special consideration to the general recovery environment.

(F) Buildings and surrounding outside areas shall be kept clean, in good repair and free of infestations.

(G) Appropriate furnishing for each room shall be available, clean, and in good repair. At a minimum each client shall have his/her own bed.
(H) All windows shall be in good repair, with screens if window opens and window coverings to assure privacy.
(I) Inspection of physical safety of building and its grounds shall be conducted and documented by staff at least monthly.
(J) The facility shall provide adequate security assuring the safety of client, staff and public to include lighting, locks on doors etc. and a security system if merited by location.
(K) The facility shall have fire detection and extinguishing equipment per local fire authority requirements.
(L) The program shall annually have a fire inspection completed with the local fire authority. This report shall be available for review at the time of the site visit.
(M) The program shall have fire extinguishers that are current and in compliance with local fire authority.
(N) The program shall have smoke detectors that are working and in compliance with local fire authority.
(O) Fire drills shall be conducted monthly and a record of the dates maintained.
(P) Disaster drills addressing other possible disasters such as flood, earthquake, severe weather etc. shall be conducted at least twice annually and a record of the dates maintained.
(Q) Inspection of smoke detectors shall be conducted and documented by the program staff at least monthly.
(R) Evacuation routes and procedures shall be posted and shall be shown to each resident upon admission.
(S) Portable space heaters shall not be used.
(T) Plumbing systems shall be approved by local code requirements and maintained in good working condition.
(U) Adequate hot water shall be available for each client.
(V) Garbage and rubbish shall be stored in leak-proof non-absorbent containers with tight fitting lids and shall be removed for the inside of the facility daily and outside of the facility at least weekly.
(W) Poisons and other toxic materials shall be properly locked, kept in the original container, and stored in a locked area accordance with local health authority requirements.
(X) Male and females and adults, children and adolescents shall not be housed in the same rooms and not share common bathrooms unless biologically related in a program specific for parent and children. There needs to be appropriate separation of male and female living quarters. Adolescent services must have adequate separation from adult services which assures that adults and adolescents do not interact.
(Y) Laundry facilities shall be available in the facility or on a contractual basis. When provided in the facility, the laundry room shall be kept separate from bedrooms, living areas, dining areas, and kitchen.

Section 14. Detoxification Services.

(a) Must meet all applicable standards, Chapter 1, 2 and Chapter 3 Sections 1 through 8 of these standards including the following service level requirements.

(b) Social Detoxification.

(i) Description of Services.

(A) Social detoxification service, per ASAM description, is an organized service that may be delivered by appropriately trained staff that provides 24-hour supervision, observation and support for clients who are intoxicated or experiencing withdrawal. Services must integrate serial inebriate elements to services. Social Detoxification services are characterized by their emphasis on peer and social support. This service must meet all therapeutic and physical plant requirements of Chapter 3, Section 15.

(ii) Required personnel.

(A) Social detoxification service shall ensure that a client receives appropriate information and consultation from a licensed clinical staff person when possible regarding treatment options before the scheduled discharge of the client from the service. Program staff will be cross trained and implement motivational enhancement techniques to engage client into treatment.

(I) Access to a physician shall be available via on-call protocol on a twenty-four (24) hour seven (7) day a week basis.

(II) Service shall have sufficient clinical staff and support staff to meet the needs of the client.

(III) All staff that assesses and treats clients must be able to obtain and interpret information regarding the needs of clients, and must be knowledgeable about the bio-psychosocial dimensions of alcohol and other drug dependence.

(iii) Service Operations.

(A) Services shall maintain a standard detoxification protocol that includes emergency procedures which are reviewed and approved by a physician at least annually.

(B) Service shall have immediate access to first aid supplies.

(C) Service shall have separate locked cabinets exclusively for pharmaceutical supplies.

(D) Service shall have written policies and procedures for the management of belligerent and disturbed clients, which shall include transfer of a client to another facility if necessary.

(E) If possible a program shall develop a discharge plan for each client that addresses the client's follow-up service needs and the provision for referral, escort, and arrange transportation to other treatment services, as necessary, to ensure that continuity of care.

(b) Medically-Monitored Residential Detoxification Services.

(i) Service Description.

(A) A medically-monitored detoxification, per ASAM description, is an organized service delivered by medical and nursing professionals, which provides twenty-four (24) hours seven (7) days per week medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a set of physician-approved policies and physician-monitored procedures or clinical protocols. This service must meet all therapeutic and physical plant requirements of Chapter 3, Section 15.

(ii) Required Personnel.

(A) Service shall ensure that a client receives consultation from a substance use clinical staff person before the client is discharged from the service.

(B) Service shall ensure there is sufficient clinical staff to meet the needs of clients served.

(C) Service shall have a medical director who is appropriately licensed or registered in the State of Wyoming and is responsible for overseeing the monitoring of the client's progress and medication administration, and who is trained and competent to implement physician approved protocols for client observation and supervision.

(D) A Registered Nurse or Licensed Practical nurse shall be available on site on a twenty four (24) hours seven (7) days a week basis and will conduct a nursing assessment on client at the time of admission.

(E) A physician shall be available on call twenty four (24) hours seven (7) days a week.

(F) All staff that assesses and treats clients must be able to obtain and interpret information regarding the needs of clients, and must be knowledgeable about the bio-psychosocial spiritual dimensions of alcohol and other drug dependence.

(iii) Service Operations.

(A) Physician shall review and document the medical status of a client within twenty-four (24) hours after admission.

(B) A service shall have written policies and procedures for the management of belligerent and disturbed clients, which shall include transfer of a client to another appropriate facility.

(C) A service shall have written agreement with a certified substance abuse service program if not provided at the service to provide ongoing care following the client discharge from the facility.

(D) Service shall have a written agreement with a hospital or local medical clinic to provide emergency medical services for clients, if determined to be clinically necessary.

(E) Service shall develop with each client a detoxification plan and a discharge plan that addresses the client's follow-up service needs, determined from the application of approved client placement criteria administered by qualified clinical staff, and shall include provision for referral, escort, and transportation to other treatment services, as necessary, to ensure that continuity of care is provided.

Section 15. Residential Treatment Services.

(a) Must meet all applicable standards, Chapter 1, 2 and Chapter 3 Sections 1 through 8 of these standards including the following service level requirements.

(b) Residential Treatment Services.

(i) Clinical Services Description.

(A) Clinical services can be provided in a low, medium or high intensity level of service based on client needs utilizing the ASAM dimensional criteria to determine at what level the client should participate in. Services include at least thirty (30) hours of structured services that are designed to treat persons who have significant social and psychological problems. Service hours can be reduced based on client progress and outside activities such as employment. When client has reached a sustained level functioning based on ASAM dimensional criteria the client must be transferred to a less intensive level of care. Services include but are not limited to individual, group, family as indicated by client needs, medication education and management, educational groups, and occupational groups and recreational therapy. Such programs are characterized by their reliance on the treatment community as a therapeutic agent. The goals of treatment are to promote abstinence from substance use healthier behavior patterns and to effect a global change in participant's lifestyles, attitudes and values. The approach views substance-related problems as disorders that must be treated in a holistic approach.

(ii) Required Personnel.

(A) Service shall have sufficient clinical staff and support staff to meet the needs of the client.

(B) Clinical services are staffed by clinical services are appropriately staffed by Qualified Clinical Staff person(s) who are credentialed through the "Wyoming Mental Health Professions Licensing Board" established under the provisions of W.S. § 33-38-101, *et seq*., psychologist who is licensed to practice psychology pursuant to W.S. § 33-27-113 (a) (v) and a Licensed Physician by the Wyoming State Board of Health as defined in Chapter 1, Section 4 of the Definitions of these standards.

(B) A physician and/or nursing staff is available to provide consultation as either an employee of the program or through written agreement.

(C) All staff that assesses and treats clients must be capable of obtaining and interpreting information regarding the needs of clients, and must be knowledgeable about the bio-psychosocial dimensions of alcohol and other drug dependence.

(D) A staff person with the responsibility of assuring case management services is provided.

(E) A mental health professional available either as an employee of the service or through written agreement to provide joint and concurrent services for the treatment of clients diagnosed, unless the clinical staff person is cross-trained in mental health.

(iii) ASAM Continued Stay, transfer and discharge review.

(A) ASAM dimensional criteria shall be reviewed by the clinical staff person responsible for treatment when ever the condition changes significantly per Chapter 4, Section 6 of these standards. At a minimum, dimensional criteria must be reviewed with support documentation at least one (1) time every two (2) weeks. Severity shall be rated for each dimension with sufficient documentation showing justification for level of care recommendations.

(iv) Therapies and Interventions.

(A) Physician shall review and document the medical status of a client within forty eight (48) hours after admission.

(B) Clinical and wrap around services to improve the resident's ability to structure and organize the tasks of daily living and recovery.

(C) Planned clinical program activities to stabilize and maintain stabilization of the resident's substance dependence symptoms and to help him or her develop and apply recovery skills.

(D) Activities include relapse prevention, interpersonal choices and development of social network supportive of recovery.

(E) Counseling and clinical monitoring to promote successful initial involvement or re-involvement in regular, productive daily activity, such as indicated, successful reintegration into family living.

(F) Random drug testing when indicated.

(E) Services include but are not limited to a range of cognitive, behavioral and other therapies based on client needs.

(G) For clients with mental health problems, the issues of psychotropic medication, mental health treatment and their relationship to substance abuse disorders are addressed as the need arises. Programs that provide co-occurring treatment offer therapies to actively address, monitor, and manage psychotropic medication, mental health treatment and the interaction with substance-related disorders. There may be close coordination with intensive case management and assertive community treatment for clients who have severe and persistent mental illness.

(v) Individualized Treatment Planning:

(A) An initial treatment plan shall be completed within 1 week of the initial assessment focusing on stabilization of the client. Treatment plan goals must be more individualized and measurable as the client stabilizes.

(B) Initial treatment plan shall be developed with the client. The client and clinical staff responsible for the course of treatment will sign this initial treatment plan.

(C) Treatment plan shall be developed utilizing the assessment information including ASAM dimensional criteria and the DSM diagnosis.

(D) Treatment plan shall document outcome driven goals and are measurable. The plan shall specify the changes in the client's symptoms and behavior that are expected during the course of treatment by level of service that are expressed in measurable and understandable terms. The goals shall describe improved functioning level of the client utilizing ASAM dimensional criteria.

(E) Treatment plan shall integrate mental health issues if identified as part of the assessment process or at any point during the continuum of treatment.

(F) Treatment plan review shall be completed throughout the course of treatment based on client progress or lack of progress toward goals per ASAM continued stay, transfer and discharge criteria. Modifications should be made as clinically indicated. This review should include a written description within the client record of degree of progress or lack of progress for each stated goal and can be completed within the progress notes or part of an ASAM dimensional criteria review form.

(G) Treatment plans shall list action/objective statements that describe the steps in which the client will take to meet each stated goals.

(c) Transitional Residential Treatment Services.

(i) Service Description.

(A) A transitional residential treatment service is a clinically managed, low intensity, peer-support therapeutic environment. The term "residential transition treatment service" does not include independent, self operated facilities such as Oxford Houses. The service provides substance abuse treatment in the form of counseling for at least five (5) hours per week in house or through a local certified program, with access to peer support through case management, which may include education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning.

(ii) Required Personnel.

(A) A physician available to provide medical consultation as either an employee of the service or under written contract with the service program

(B) Service shall have sufficient clinical staff and support staff to meet the needs of the client.

(iii) ASAM Continued Stay, transfer and discharge review.

(A) Shall meet the standard set forth for Outpatient Services.

(iv) Therapies and Interventions.

(A) Shall meet the standard set forth for Outpatient Services.

(v) Treatment Planning.

(A) Shall meet the standard set forth for Outpatient Services.

Chapter 5. Special Populations.

Section 1. <u>Criminal Justice Population.</u>

(a) Description of Services. Programs providing substance abuse treatment services to clients in the criminal justice system must in addition to applicable requirements meet the following protocols.

(i) In addition to meeting the General Requirements of these rules and those sections applicable to the modality of treatment offered, a program may be certified to provide treatment to criminal offenders. The program is required to provide treatment that is identified as an evidenced based practice in the treatment

of the criminal justice client. The program must assure that individual clients receive treatment and other interventions that specifically address the person's criminal behavior(s) and thinking. Such a program must also agree to comply with all court orders and cooperate with probation and parole agents in sharing information reasonably necessary for both to fulfill their obligations. Drug and alcohol testing shall be conducted with offenders in coordination with the legal system overseeing the client. Where possible, these programs shall use restorative justice principles in the individualized treatment plans of offenders.

(ii) Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol 44 (TIP) Series publication, "Treatment of the Criminal Justice Client."

(iii) Clients are required to provide written consent in compliance with 42 CRF, Part 2 and 45 CFR, Part 160 and 164 for the exchange of information between treatment programs and the corrections system. This release per 42 CFR, Part 2 does not require an expiration of the release due to criminal justice status. If a person refuses to sign the release the program may deny services.

(iv) The clinical staff persons providing treatment to criminal justice offenders shall demonstrate training, education, and knowledge in the treatment of the criminal population per TIP 44 Substance Abuse Treatment for Adults in the Criminal Justice System. This training shall be documented in the staff record with number of hours attended and who provided the training.

(v) If the client fails to attend required treatment without permission as prescribed by the court, the program must notify the court or it representative within 3 days of the client not showing.

(vi) Program shall develop in collaboration with the court or its representative a case plan that identifies the roles and responsibility of the client, program and court.

(vii) Programs shall develop referral sources in the areas of: Housing; Employment; Mental Health; Education; and Other services, as required.

Section 2. Adolescent Treatment Services.

(a) Description of Services.

(i) In addition to meeting the General Requirements of these rules and those sections applicable to the modality of treatment offered, a program may be certified to provide treatment to adolescents.

(ii) Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) Series publication, "Treatment of Adolescents with Substance Abuse Disorders."

(iii)Adolescent services are provided for clients age 13 through 17. If the individual started the program prior to turning age 18, they may complete the program after they turn age 18.

(vi) At a minimum, services shall include:

(A) Behavioral health services designed specifically to address the multifaceted needs of this population.

(B) Such services in addition to general treatment requirements shall tailor services to the particular safety, developmental, educational, healthcare, family needs, and preferences of children and adolescents, and

(C) Educational services shall be provided for adolescents in residential services that comply with the Wyoming State Board of Education.

(vii) Programs that provide treatment for children and adolescents shall comply with the programs descriptions set forth in the ASAM Patient Criteria Manual.

Section 3. Co-Occurring Treatment Services.

(a) Description of Services.

(i) In addition to meeting the General Requirements of these rules and those sections applicable to the modality of treatment offered, a program may be certified to provide treatment to co-occurring clients. Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) Series publication, "Substance Abuse Treatment with Co-Occurring Disorders."

(ii) At a minimum, services shall:

(A) Address a high level of relapse potential with more intense level of services.

(B) Program materials and methods of counseling must be adapted to individuals with mental disorders.

(C) Skill buildings groups are available and utilized as appropriate.

(D) Intensive case management is available.

(E) Programs emphasize motivation enhancement, including outreach for clients with active substance abuse disorders and severe mental disorders that are disengaged.

Section 4. Women's Specific Treatment Services.

(a) Description of Services.

(i) In addition to meeting the General Requirements of these rules and those sections applicable to the modality of treatment offered, a program shall be certified to provide treatment to women if it is receiving women's set aside funding through the SAPT Federal Block Grant. Programs not receiving funding may also apply for this special population service. Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSHA) Treatment Improvement Protocol (TIP) Series publication, "Substance Abuse Treatment for Pregnant, Substance-Using Women, Substance Abuse Treatment for Women Offenders and Gender Specific Treatment and Treatment with Co-Occurring Disorders."

(ii) At a minimum, services shall include:

(A) Gender specific treatment

(B) Reintegration with family services when applicable.

(C) Vocational skills training,

(D) Parenting skills,

(E) Reproductive and other health education and referrals,

(F) Ways of meeting needs of food clothing, and shelter, and

(G) Transportation
(H) Sexual abuse trauma treatment when applicable.
(I) Domestic/family violence counseling when applicable.

Section 5. Residential Treatment for Persons with Dependent Children.

(a) Description of Services.

(i) In addition to meeting the General Requirements of these rules and those sections applicable to the modality of treatment offered, a program may be certified to provide treatment to persons with dependent children. Treatment services are based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) Series publication, "Substance Abuse Treatment for Persons with Children."

(ii) At a minimum, services shall include:

(A) Gender specific treatment and family treatment of substance abuse impact on school aged children, pre-school children, toddlers, and infant children.

(B) Child development and age appropriate behaviors

(C) Parenting skills appropriate to infants, toddlers, pre-school, and school aged children,

(D) Impact of prenatal tobacco/alcohol/drug exposure on child development, fetal alcohol syndrome/effects.

(E) Recognition of sexual acting-out behavior

Section 6. Department of Corrections Therapeutic Community Model.

(a) Description of Services.

(i) Therapeutic community (TC) programs within the Wyoming Department of Correction must be certified by the Division. Services must meet all applicable standards including Chapter 1 through Chapter 3, Section 1 through 8, Section 13 and Chapter 5, Section 1.

(ii) The program must also meet the TC requirements National Standards for TC Communities. Where National Standards are more strict, National Standards would prevail.

Chapter 6. Prevention Services.

Section 1. Prevention Services.

(a) Must meet all applicable standards, Chapter 1 and 2 of these standards including the following service level requirements.

(b) Description of Services.

(i) Prevention services shall be provided in any community through a collaborative public health process based upon local data and needs, and employing evidence-based strategies. In order to be certified under these rules, the prevention service must demonstrate it has conducted a local needs assessment, worked collaboratively to mobilize and build capacity in the community, created a strategic plan for prevention, implemented evidence-based policies, practices and programs, and participated in both process and outcome evaluation.

(c) Needs Assessment.

(i) The prevention service must demonstrate it has conducted or participated in conducting a community level needs assessment or is using a previously completed, currently valid needs assessment as defined by the Department. The needs assessment must include local level data reflecting substance use prevalence rates and the consequences to substance use. It must also include data on possible intervening variables. Examples of data sources include the Wyoming Prevention Needs Assessment, the Youth Risk Behavior Surveillance Survey, Uniform Crime Reports, The Behavioral Risk Factor Surveillance Survey, and the United States Census.

(ii) Collaboration.

(A) The prevention provider must demonstrate it has collaborated with other community members and organizations in an effort to build capacity and mobilize the community. As evidence of this collaboration, the provider must maintain:

(B) Membership in one or more local prevention coalitions or advisory councils;

(C) A list of all community members and organizations in participating coalitions or advisory councils with a brief description of the contribution of each member or organization;

(D) An agreement signed by collaborating members reflecting their understanding of the collaboration, including local law enforcement, local school districts, the local prevention block grant provider, the local tobacco prevention provider, and other relevant organizations;

(E) Minutes of local prevention coalition or advisory council meetings; and

(F) Documentation that the services it provides support a comprehensive continuum of prevention services for the community it serves.

(iii) Strategic Plan.

(A) The prevention provider must demonstrate it has a current strategic plan for prevention based upon local needs assessment data, supported by relevant local coalitions or advisory councils, and detailing the implementation of evidence-based prevention strategies.

(B) The strategic plan must identify evidence-based strategies that specifically address the intervening variables most important in each community. These intervening variables should be directly linked to targeted local substance use problems.

(C) The strategic plan must include the target population, measurable goals and objectives, time lines for planned activities, a logic model that details a theory of change, and an evaluation plan.

(D) The strategic plan must demonstrate an understanding of culturally diverse populations and include a plan for sustaining prevention efforts.

(iv) Implementation of Evidence-Based Strategies.

(A) The prevention provider must adhere to the goals and objectives of the strategic plan, including the selection and implementation of evidence-based policies, practices and programs.

(B) Evidence-based strategies are defined as:

(I) Strategies included on a Federal List or Registry of evidence-based interventions;

(II) Strategies published with positive outcomes in a peer-reviewed journal; or

(III) Strategies judged effective by a consensus of informed experts based upon a combination of theory, practice, and evaluation research.

(C) Staff providing prevention services must within six (6) months of employment complete the Substance Abuse Prevention Specialist Training. Individuals overseeing the implementation of prevention strategies must complete the training prior to the delivery of services.

(v) Evaluation.

(A) The prevention provider must maintain a plan for evaluating the goals and objectives of their strategic plan, including the collection of data at the community and strategy level. The evaluation should incorporate consequence, consumption, and intervening variable indicators from the local needs assessment. The evaluation must also include:

(B) A procedure for collecting and reporting relevant process data (for example, the number of persons served by a prevention program) in a timely manner;

(C) A procedure for collecting and reporting relevant outcome data (for example, the pre- and post-test surveying of program participants) in a timely manner;

(D) A procedure for upholding the confidentiality and protecting the safety of human subjects that participate in evaluation research;

(E) The prevention provider must work with local coalitions or advisory councils to use evaluation results to update their strategic plan and make other necessary decisions about the implementation of prevention strategies.

(F) The Division may include additional requirements in provider contracts further defining essential needs assessment, collaboration, strategic planning, implementation, and evaluation activities.

Chapter 7. Recovery Support Services.

(a) Recovery Support Services None Residential.

(i) Must meet all applicable standards, Chapter 1 and Chapter 2, including the following service description.

(ii) Service description. Recovery support services include four types of non-clinical social, emotional, informational, instrumental, and affiliation support. Recovery support services may be provided through the continuum of change with the recovery process. Individuals in accessing this level of care must have a current DSM diagnosis with support documentation showing ASAM dimensional criteria was reviewed and this level of service is appropriate.

(b) Supportive Transitional Drug-Free Housing Services.

(i) Must meet all applicable standards, Chapter 1, 2 and 3, Section 6 and Chapter 6, Section 15, Physical Plant) including the following service level requirements.

(ii) Service Description. Supportive transitional drug-free housing services are non-clinically staffed, low intensity, peer-supported, life skills development living or housing environments. Supportive transitional housing services are independent facilities certified to provide supportive housing services with access to peer support which include independent living skills development and stable functioning level in the community.